

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: OAKWOOD TERRACE (0008884)

Address: 1110 W OAKWOOD RD, OAK CREEK, WI 53154

License Status: REGULAR

Licensed/Certified/Registered 07/01/2000

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0095573 **End Date:** 09/12/2005 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008832 Served 09/26/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
83.11(3)(a)	RESPONSIBILITIES		
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL		
83.19(1)(d)	PHYSICAL OR MENTAL CONDITION		
83.32(2)(d)	REVIEW OF PROGRESS		
83.43(3)(b)1	TESTING BY SERVICE COMPANY		
83.43(7)(b)	INSTALLATION AND MAINTENANCE		

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Survey ID: 0093429 **End Date:** 09/15/2004 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008752 Served 10/12/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(b)	ADMINISTRATOR ENSURE EMPLOYE CONDUCT	09/12/2005	Yes
83.32(2)(a)1	PHYSICAL HEALTH	09/12/2005	Yes
83.33(2)(a)	SUPERVISION	09/12/2005	Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Enforcement History

Date: 09/22/2005 SOD #10008832 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.11(3)(a)

FORFEITURE---83.19(1)(d)

FORFEITURE---83.32(2)(d)

Date: 10/11/2004 SOD #10008752 Appealed: No

Sanctions

COMPLY WITH REQUIREMENT

PROVIDE TRAINING

FORFEITURE---83.12(5)(b)

FORFEITURE---83.32(2)(a)1

FORFEITURE---83.33(2)(a)

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Complaint History

Date Complaint Received: 05/12/2005

Date Investigation Completed: 07/27/2005

Subject Area(s)

ADMINISTRATION

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/12/2005

Date Investigation Completed: 07/27/2005

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES
MEDICATIONS

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 12/17/2004

Date Investigation Completed: 07/27/2005

Subject Area(s)

RESIDENT RIGHTS
MEDICATIONS
ADMINISTRATION
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED 10008832
SUBSTANTIATED 10008832

SOD #

Date Complaint Received: 02/09/2004

Date Investigation Completed: 09/15/2004

Subject Area(s)

ABUSE
STAFF TRAINING AND PROFICIENCY
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/05/2003

Date Investigation Completed: 09/14/2004

Subject Area(s)

SUPERVISION
RESIDENT RIGHTS
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Disability and Elder Services
Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Date Complaint Received: 10/16/2003

Date Investigation Completed: 09/15/2004

Subject Area(s)

STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED

SOD #

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.